

## CLAIMS ONLY

Application Number 7-0-1

Application Number  
09/745883

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39		/		/		/
40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
Total Indep	3		4		2	
Total Depend	11		12		14	
Total Claims	14		16		16	